

Name
in
Full

Robert Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

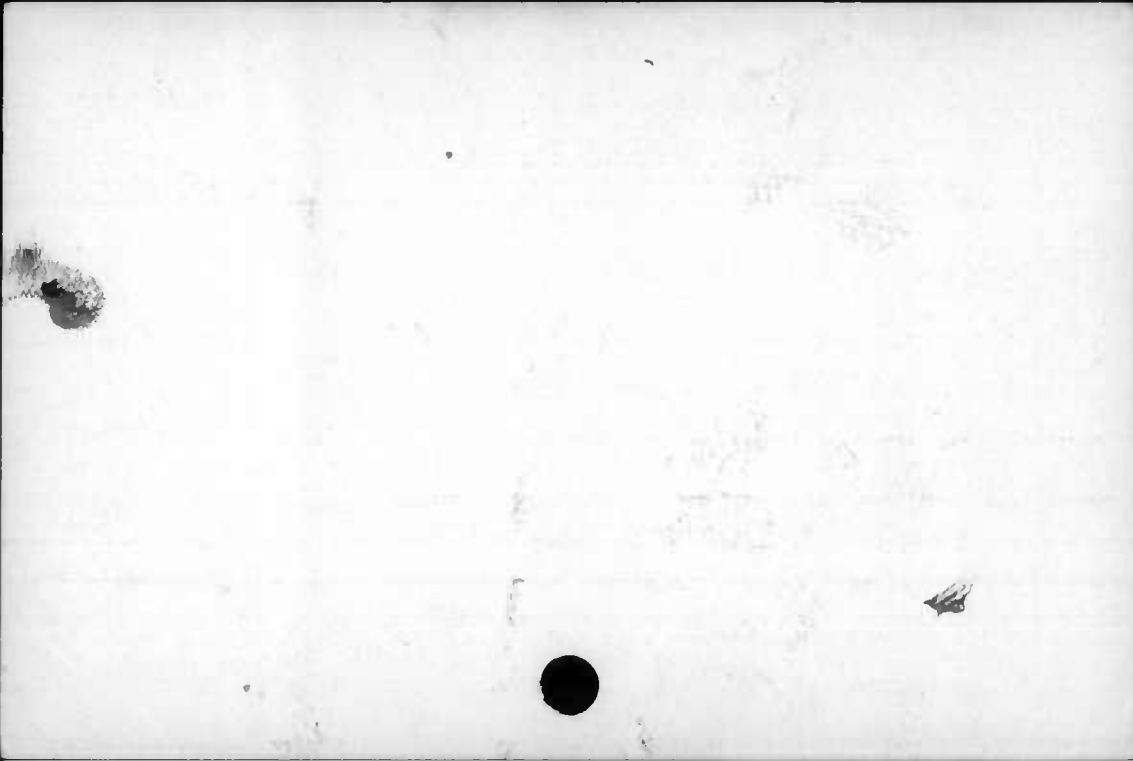
| | | | | | |
|--|--|---|------------------------------------|----------|------|
| Died at <i>Cecil</i> ^{Town} | | <i>Cecil</i> ^{County} | | MARYLAND | |
| Date of death 1907 | Month 8 | Day 23 | Age 67 | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Ireland</i> | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Mary Anderson</i> | | | | |
| Father's Name <i>William Anderson</i> | Father's Birthplace <i>Ireland</i> | | Mother's Birthplace <i>Ireland</i> | | |
| Mother's Maiden Name <i>Ellen McKelvey</i> | How related to deceased <i>Wife</i> | | | | |
| Name of person giving information <i>Mary Anderson</i> | | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>valvular Heart Trouble</i> | How long <i>3 years</i> |
| Immediate <i>u u u</i> | How long <i>u</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>think so</i> | Signature of Physician <i>E. W. Crawford</i> |
| | Address <i>Cecil</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|---------------------|---|-----------------|------|
| Died at <i>Principio Furnace</i> | | County <i>Cecil</i> | | MARYLAND | |
| Date of death | Month <i>Aug</i> | Day <i>15</i> | Age | Months <i>5</i> | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Principio Furnace</i> | | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name <i>George Baker</i> | | | Father's Birthplace <i>Cecil Co</i> | | |
| Mother's Maiden Name <i>Mollie Campbell</i> | | | Mother's Birthplace <i>" "</i> | | |
| Name of person giving information <i>Geo Baker</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|----------------------------|-----------------|
| Primary | <i>Dysentery.</i> | How long | <i>Ten days</i> |
| Immediate | <i>Inanition.</i> | How long | <i>Gradual.</i> |
| Are the name, age, sex, etc., correctly given above? | | Signature of Physician | |
| <i>yes</i> | | <i>H. E. Brown</i> | |
| | | <i>Blythedale Cecil Co</i> | |
| | | <i>MD</i> | |
| Accident or Suicide? <i>—</i> | | | |

Anna Hunt

Dear Mother
I have just
received your
letter of the 11th
and was glad to
hear from you
and all the family.



Name
in
Full

Hannah L Barry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|---|-------|----------|------|
| Died at | | Town Elkton | | County Beech | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1907 | | aug | 30 | 90 | | | |
| Sex | | Color or Race | | Birthplace | | | |
| Female | | White | | Md | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | Father's Birthplace | | | |
| Widow | | Wm Barry | | Md | | | |
| Father's Name | | Mother's Maiden Name | | Mother's Birthplace | | | |
| George Lee | | No information | | - | | | |
| Name of person giving information | | | | How related to deceased | | | |
| John S Lee | | | | Nephew | | | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|--|
| Primary | | How long | |
| Old age | | | |
| Immediate | | How long | |
| Exhaustion | | 1 week | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | Winifred T. Morrison | |
| | | Address | |
| | | Elkton, Md. | |
| Accident or Suicide? | | | |

Prisoner

(171)



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-----------------------------|-------------------------------|---|----------------------------|--------------------------|
| Died at <i>Uarmich</i> ^{Town} | | <i>Buch</i> ^{County} | | MARYLAND | |
| Date of death 190 | <i>7</i> ^{Month} | <i>11</i> ^{Day} | Age <i>—</i> ^{Years} | <i>4</i> ^{Months} | <i>—</i> ^{Days} |
| Sex <i>Male</i> | Color or Race <i>Black.</i> | | Birth-place <i>Uarmich, Md</i> | | |
| Married, Single or Widowed <i>Single.</i> | Occupation <i>Child</i> | | | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Frank Buch.</i> | | | Father's Birthplace <i>Middletown, Del.</i> | | |
| Mother's Maiden Name <i>Georgiana Rhoades.</i> | | | Mother's Birthplace <i>Uarmich, Md.</i> | | |
| Name of person giving information <i>Frank Buch.</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|--------------------------|
| Primary | <i>Nephritis</i> | How long | <i>2 months.</i> |
| Immediate | <i>—</i> | How long | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Chas. S. Ritchie.</i> |
| | | Address | <i>Middletown Del.</i> |
| Accident or Suicide? | <i>—</i> | | |



Name
in
Full

Mabel M. Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

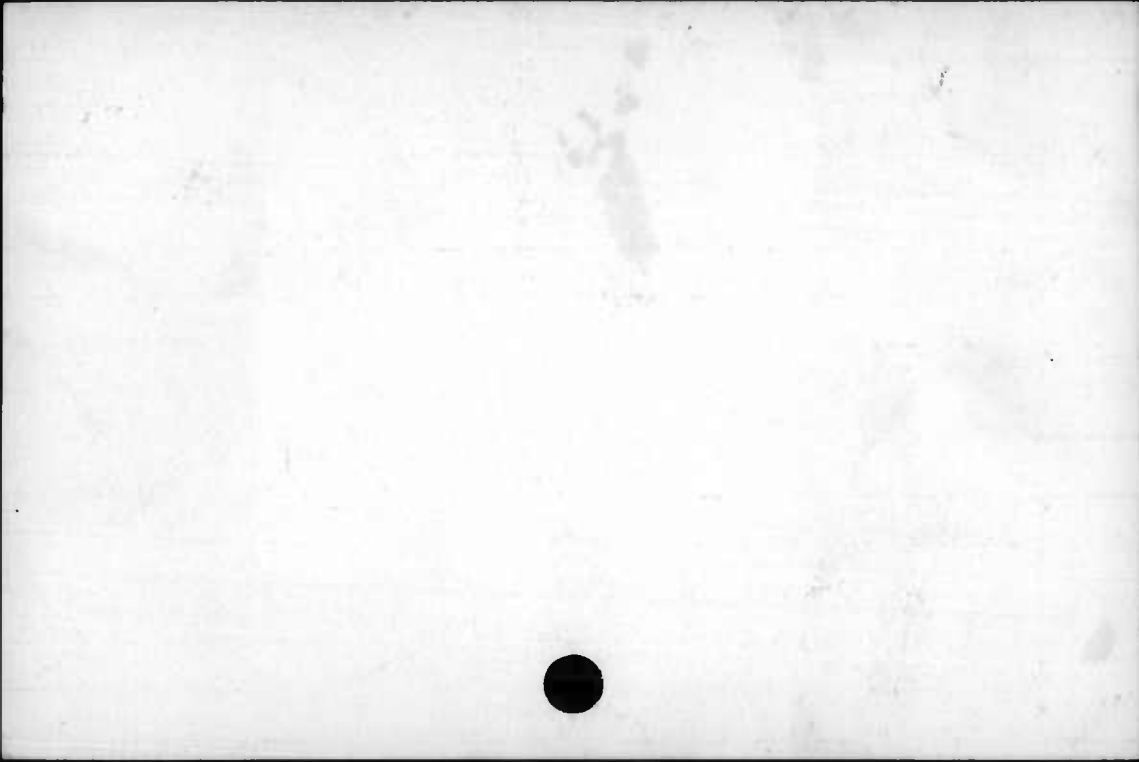
| | | | | | | | |
|--|--|---|--|-----------------------|--|---------------|--|
| Died at <i>Chesapeake City</i> | | Town <i>Cecil</i> | | County | | MARYLAND | |
| Date of death <i>1907</i> | | Month <i>August</i> | | Day <i>19</i> | | Age <i>69</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>md</i> | | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>Carter</i> | | | | | |
| Father's Name <i>Thomas G. Calahan</i> | | Father's Birthplace <i>md.</i> | | | | | |
| Mother's Maiden Name <i>Anna Stubbs</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving information <i>Mrs. Hume</i> | | How related to deceased <i>Daughter</i> | | | | | |

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Strangulated Prolapsed Hernia</i> | How long <i>2 months</i> |
| Immediate <i>Intestinal obstruction</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Clyde B. Lantz md.</i> |
| | Address <i>Chesapeake City md.</i> |
| Accident or Suicide? | |



Name
in
Full

Elizabeth Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

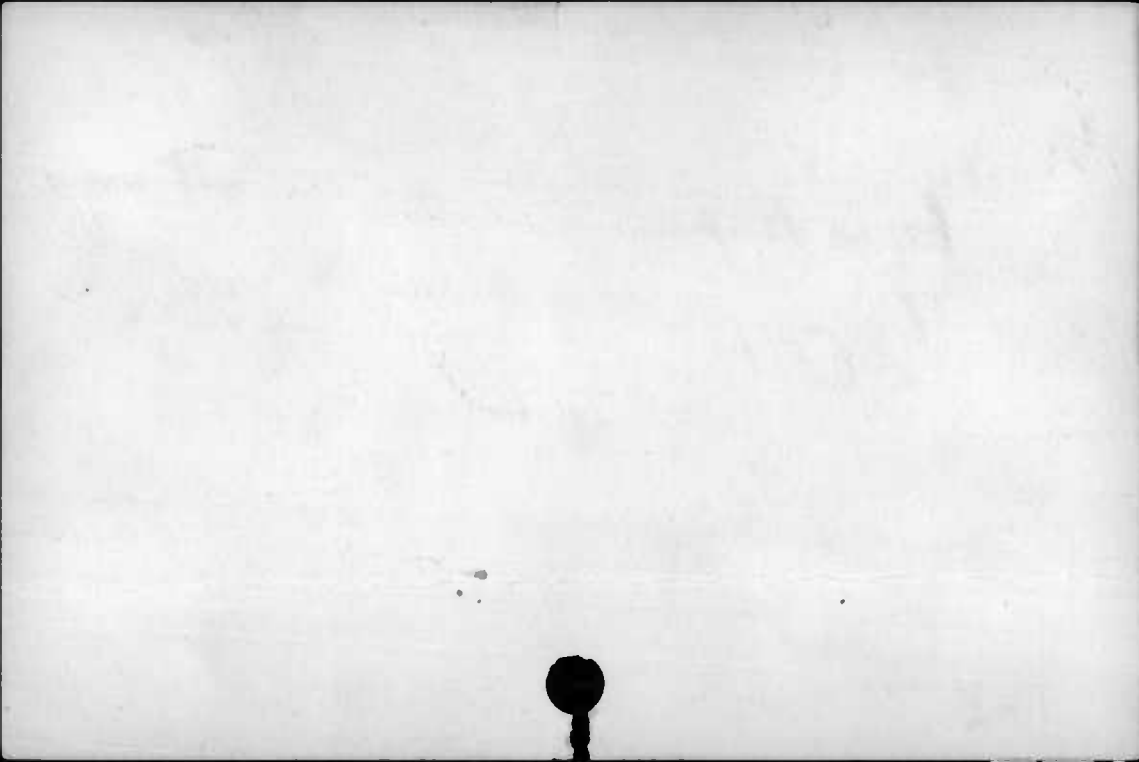
| | | | | | | | |
|---------------------------------------|------------------|-------------------|----------------------------|--|----------------------------|-----------------|-----------|
| Died at | | Town Resington | | County Cecil | | MARYLAND | |
| Date of death | 1907 | Month Aug | Day 29 | Age | 27 | Months 37 | Days 9 |
| Sex | female | | Color or Race | white | | Birth- place | Penn |
| Occupation | housewife | | | Where Residing if not at place of death | | Resington | |
| Married, Single or Widowed | Married | | Name of Wife or Husband | Robt Crawford | | | |
| Father's Name | Charles Crawford | | | | Father's Birthplace | Penn | |
| Mother's Maiden Name | Ruth Ely | | | | Mother's Birthplace | do | |
| Name of person giving In formation | Amos Crawford | | | | How related to deceased | brother | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | | |
|---|-----------------------|----|---------------------------|------------------|
| Primary | Tuberculosis of Lungs | | How long | 4 months |
| Immediate | Exhaustion & Anemia | | How long | 2 or 3 months |
| Are the name, age, sex, color, date and place correctly given above? | | 40 | Signature of Physician | John H. Jennings |
| | | | Address | Resington Md |
| Accident or Suicide? | | | | |



Name

in
Full

Mary E Dickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|----------------------|-----------------------------|-----------------|---------------|
| Died at <i>Elk nick</i> Town | | <i>doecil</i> County | | MARYLAND | |
| Date of death <i>1907</i> | <i>8</i> Month | <i>7</i> Day | <i>67</i> Years | <i>9</i> Months | <i>—</i> Days |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Wellware</i> | | |
| Occupation <i>house keeper</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>William Dickerson</i> | | | | |
| Father's Name <i>Thomas Vail</i> | Father's Birthplace <i>not known</i> | | | | |
| Mother's Maiden Name <i>Eleabeth Dorson</i> | Mother's Birthplace <i>not known</i> | | | | |
| Name of person giving information <i>William Dickerson</i> | How related to deceased <i>husband</i> | | | | |

CAUSES OF DEATH

(14)

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Arterio Sclerosis</i> | How long <i>several years</i> |
| Immediate <i>Dysentery</i> | How long <i>4 hrs</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Arthur Mitchell MD</i> |
| | Address <i>Elk M Md.</i> |
| Accident or Suicide? | |

Elkton

Name
in
Full

Sarah E Eder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------|----------------------|---|------------------|--------|-------------|-----|
| Died at | | Town Ellettsville | | County Greene | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1907 | | Aug | 1 | Age 81 | | | |
| Sex | Female | | Color or Race | White | | Birth-place | Ind |
| Occupation | Housewife | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Widowed | | Name of Wife or Husband Wm H Eder | | | | |
| Father's Name | Wm D Alexander | | Father's Birthplace Don't know | | | | |
| Mother's Maiden Name | Lydia Good | | Mother's Birthplace " " | | | | |
| Name of person giving information | Mrs Anna Trust | | Relationship to deceased Daughter | | | | |

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary

Diabetes

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm H Eder
Ellettsville
Ind

Accident or Suicide?

Vininger

Name
in
Full

Lewis Founds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|-----------------|--|-----------|--|
| Died at | | Town Eck Mill | | County Beech | | MARYLAND | |
| Date of death | | Month Aug | | Day 18 | | Age 64 | |
| Sex Male | | Color or Race White | | Birth- place | | | |
| Occupation Carpenter | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband | | | | | |
| Father's Name Alexander Founds | | Father's Birthplace Ma | | | | | |
| Mother's Maiden Name Isabel Chapman | | Mother's Birthplace Kee | | | | | |
| Name of person giving In formation John Founds | | How related to deceased Brother | | | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------|-------------------------------|---------|
| Primary | Chronic Nephritis | How long | 1 year |
| Immediate | Cardiac Dilatation | How long | 3 weeks |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | P. P. Carrico M.D. | |
| | | Address Cherry Hill, Md | |
| Accident or Suicide? | | | |

Vinnyer

(5)

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret Given* County *Cecil* MARYLAND

Died at *Port Deposit*

Date of death *1907 Aug 6* Age *90* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *None* Where Residing if not at place of death *Unknown*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Unknown*

Father's Name *John Brinehan* Father's Birthplace *Ireland*

Mother's Maiden Name *Catherine Murphy* Mother's Birthplace *"*

Name of person giving information *Margaret Smith* How related to deceased *Daughter*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *Long time*

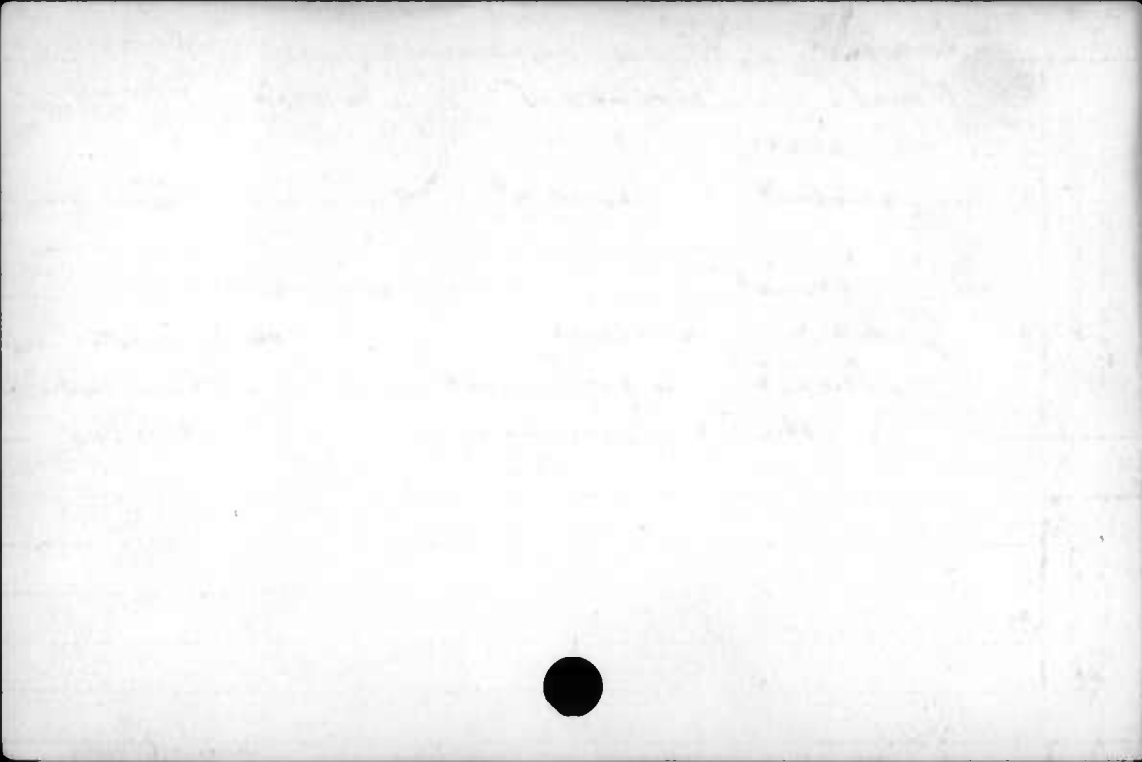
Immediate *Emphysema* How long *6 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. D. Channon*

Address *Port Deposit Md*

Accident or Suicide? *—*



Name
in
Full

William Ellsworth Grufferi

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

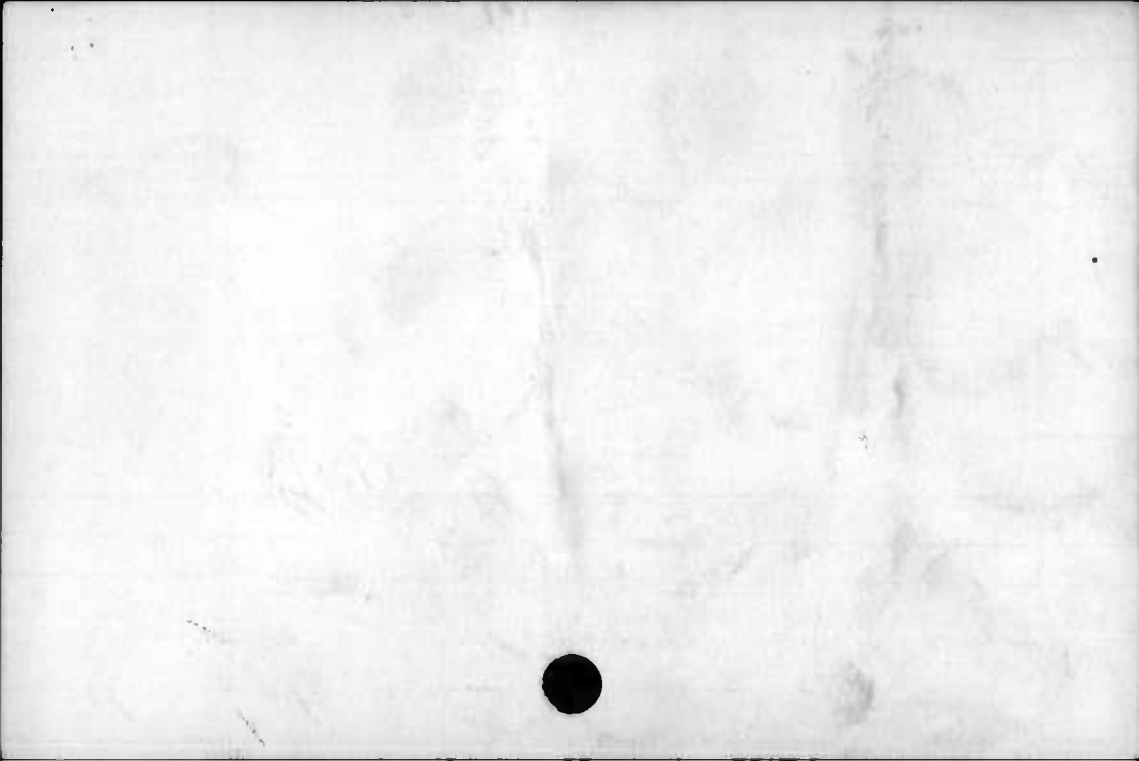
| | | | | | |
|---|---|---|---------------------------------|----------|------|
| Died at <i>Port Deposit</i> ^{Town} | | <i>Calvert Co</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>Aug</i> | Day <i>24</i> | Age <i>4</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Port Deposit</i> | | |
| Occupation <i>None Child</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Alexander Grufferi</i> | Father's Birthplace <i>Port Deposit</i> | | Mother's Birthplace <i>" "</i> | | |
| Mother's Maiden Name <i>Eva Hopkins</i> | How related to deceased <i>Father</i> | | | | |
| Name of person giving information <i>Alexander Grufferi</i> | | | | | |

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

| | | |
|--|-----------------------------|--|
| Primary | <i>Scald with hot water</i> | How long <i>24 hours</i> |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician <i>H. E. Clum</i> |
| | | Address <i>Port Deposit Md</i> |
| Accident or Suicide <i>Accident</i> | | |



Name
in
Full

Elmer S. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

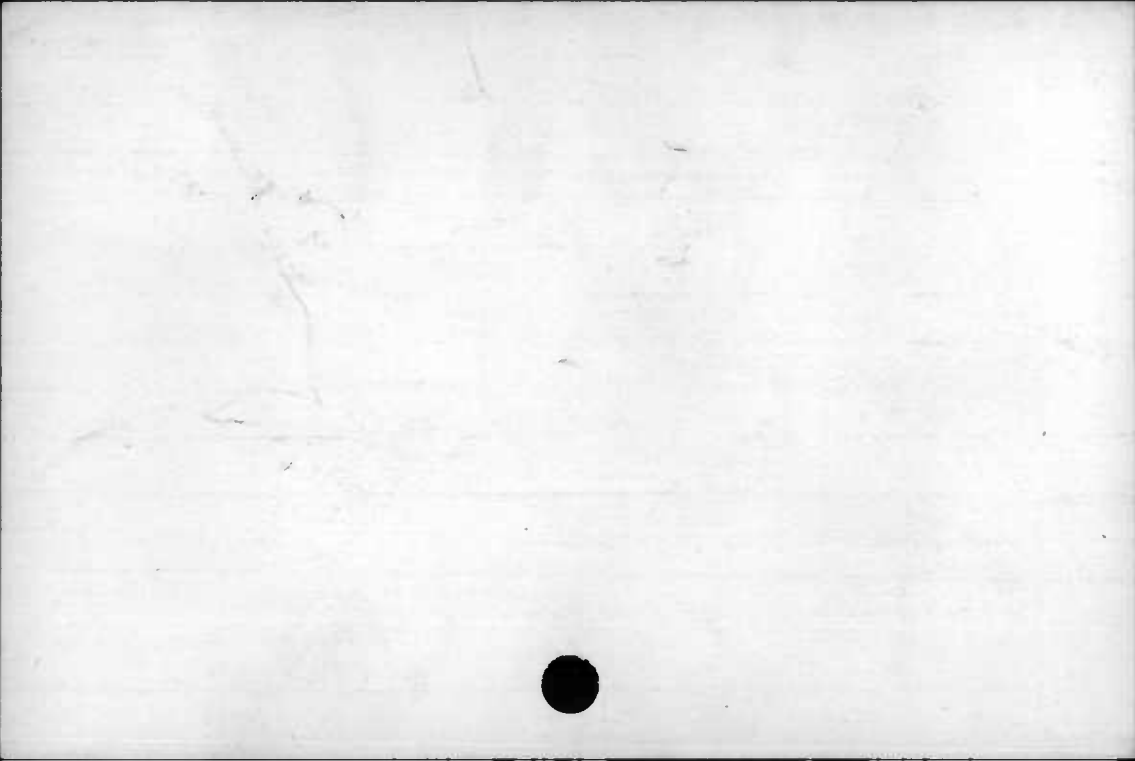
| | | | | | |
|--|----------------------------|-------------------------|---|-----------|-----------|
| Died at <i>Fredericktown</i> | | County <i>Cecil</i> | | MARYLAND | |
| Date of death | Month | Day | Age | Months | Days |
| <i>1907</i> | <i>8</i> | <i>26</i> | | <i>10</i> | <i>26</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Md</i> | | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name <i>Wm. H. Hall</i> | | | Father's Birthplace <i>Pa</i> | | |
| Mother's Maiden Name <i>Annice E. Chamberlain</i> | | | Mother's Birthplace <i>Md</i> | | |
| Name of person giving information <i>Wm. H. Hall</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | | |
|--|---------------------|---|
| Primary | <i>Malnutrition</i> | How long |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Edward A. Scott</i> |
| | | Address <i>Galena, Ind.</i> |
| Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

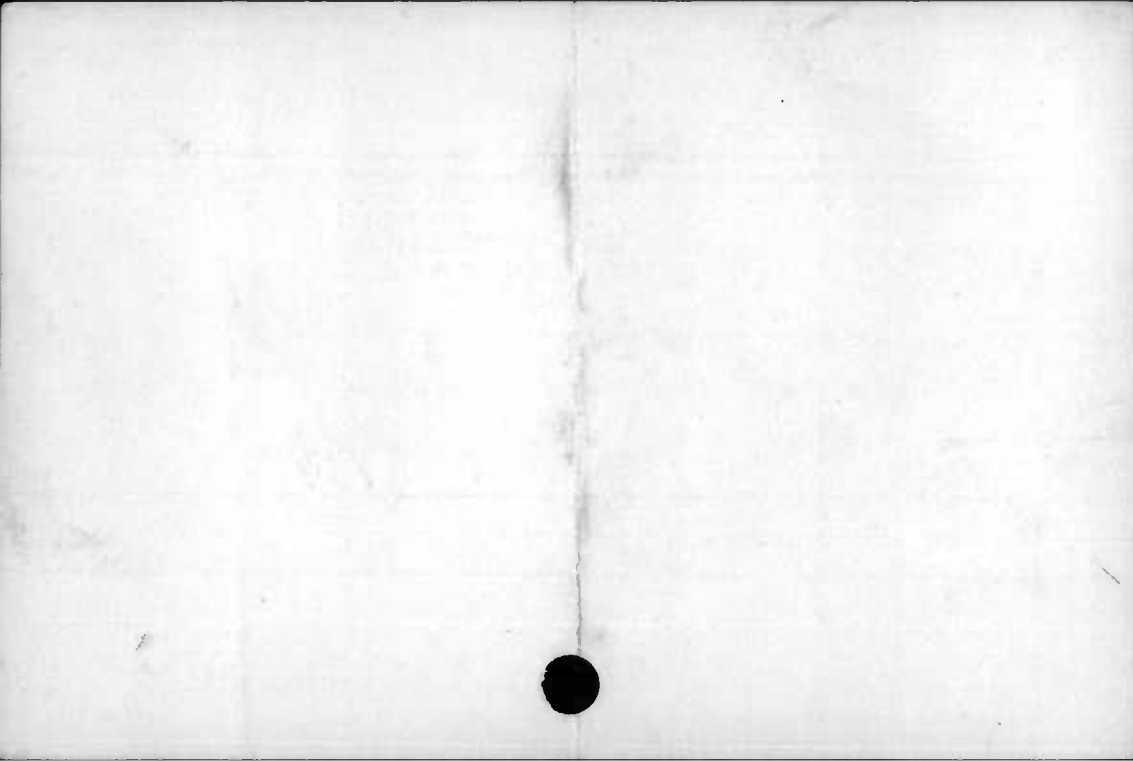
| | | | | | |
|--|--|----------------------|---|--------------|-------------------------------|
| Died at <i>Port-Depent</i> | | County <i>Leecil</i> | | MARYLAND | |
| Date of death | 1907 | Month <i>Aug</i> | Day <i>28</i> | Age <i>—</i> | Months <i>6</i> Days <i>—</i> |
| Sex <i>female</i> | Color or Race <i>Black</i> | | Birth-place <i>Port-Depent</i> | | |
| Occupation <i>None</i> | <i>Infant</i> | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Joseph Hartthorn</i> | Father's Birthplace <i>Port-Depent</i> | | | | |
| Mother's Maiden Name <i>Annie L Gordy</i> | Mother's Birthplace <i>—</i> | | | | |
| Name of person giving information <i>Joseph Hartthorne</i> | How related to deceased <i>Father</i> | | | | |

CAUSES OF DEATH

1571

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>meninges</i> | How long <i>two months</i> |
| Immediate <i>asthenia</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. A. Funk M.D.</i> |
| | Address <i>Port-Depent Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Victor Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------------|---|--------------------------|----------|--|
| Died at <u>Port Deposit</u> ^{Town} | | <u>Calu</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>7</u> ^{Month} <u>Aug</u> ^{Day} | Age <u>2</u> ^{Years} | <u>1</u> ^{Months} | <u>0</u> ^{Days} | | |
| Sex <u>Male</u> | Color or Race <u>colored</u> | Birth-place <u>Port Deposit</u> | | | |
| Married, Single or Widowed <u>Single</u> | Occupation <u>None</u> | | | | |
| Name of Wife or Husband <u>-</u> | | | | | |
| Father's Name <u>Henry Henderson</u> | | Father's Birthplace <u>Port Deposit</u> | | | |
| Mother's Maiden Name <u>Maggie Hilliard</u> | | Mother's Birthplace <u>Port Deposit</u> | | | |
| Name of person giving information <u>Maggie Henderson</u> | | How related to deceased <u>Mother</u> | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | |
|--------------------------|--------------------------|
| Primary <u>Inanition</u> | How long <u>6 months</u> |
| Immediate <u>-</u> | How long <u>-</u> |

Are the name, age, sex, color, date and place correctly given above?

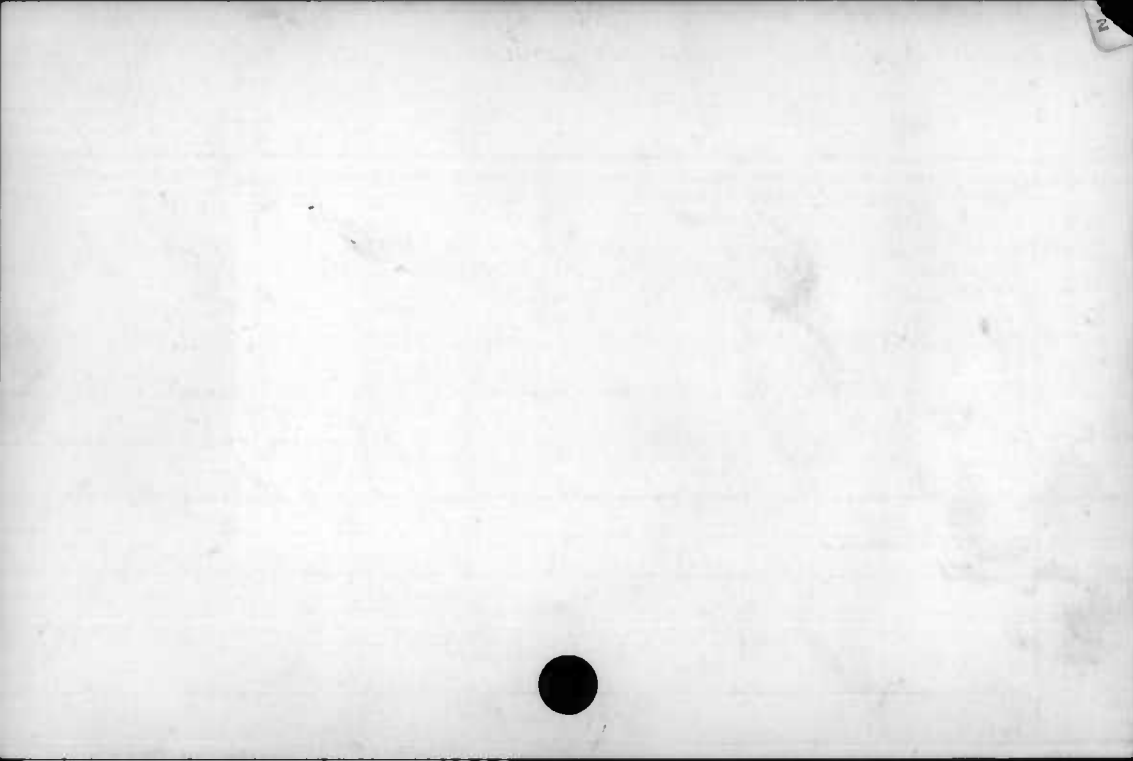
yes

Signature of Physician

Address

J F Brown
Port Deposit Md

Accident or Suicide?



Name
in
Full

Rebecca M. Friedman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

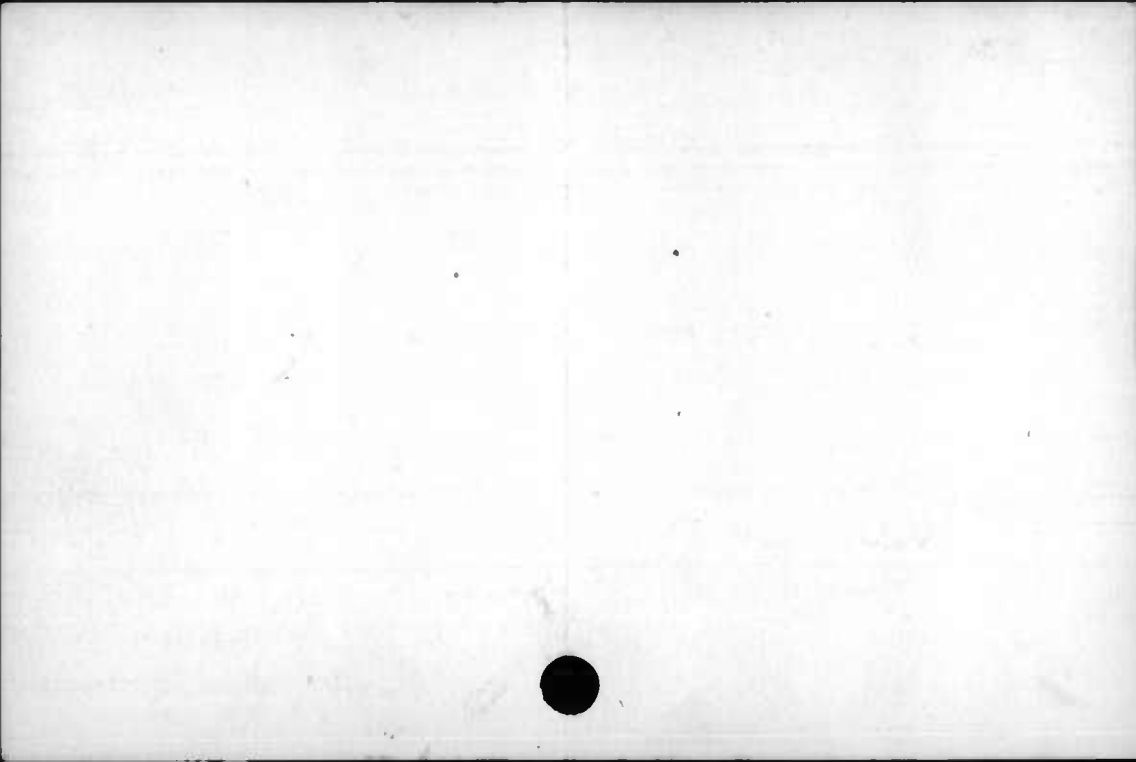
| | | | | | |
|--|---|--------------------------------|---|-------------------------|---------------------------|
| Died at <i>Liberty Grove</i> ^{Town} | | <i>Cecil</i> ^{County} | | MARYLAND | |
| Date of death | 190 <i>7</i> ^{Month} <i>August</i> ^{Day} <i>3</i> | Age | <i>21</i> ^{Years} | Months <i>2</i> | Days <i>28</i> |
| Sex | <i>Female</i> | Color or Race | <i>White</i> | Birth-place | <i>Colona, Md.</i> |
| Occupation | <i>Teaching</i> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <i>Single</i> | Name of Wife or Husband | | | |
| Father's Name | <i>J. Frank Friedman</i> | | | Father's Birthplace | <i>Colona, Md.</i> |
| Mother's Maiden Name | <i>Deborah S. Russell</i> | | | Mother's Birthplace | <i>Liberty Grove, Md.</i> |
| Name of person giving information | <i>Charlotte Russell Cooky</i> | | | How related to deceased | <i>"aunt"</i> |

CAUSES OF DEATH

27

PHYSICIAN -
OR CORONER

| | | | |
|--|-------------------------------------|--------------------------|-------------|
| Primary | <i>Acute Pulmonary Tuberculosis</i> | How long | <i>9 mo</i> |
| Immediate | <i>Exhaustion</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | |
| Signature of Physician | | <i>Ernest Rowland</i> | |
| Address | | <i>Liberty Grove Md.</i> | |
| Accident or Suicide <input checked="" type="checkbox"/> | | | |



Name
in
Full

Vivie E Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

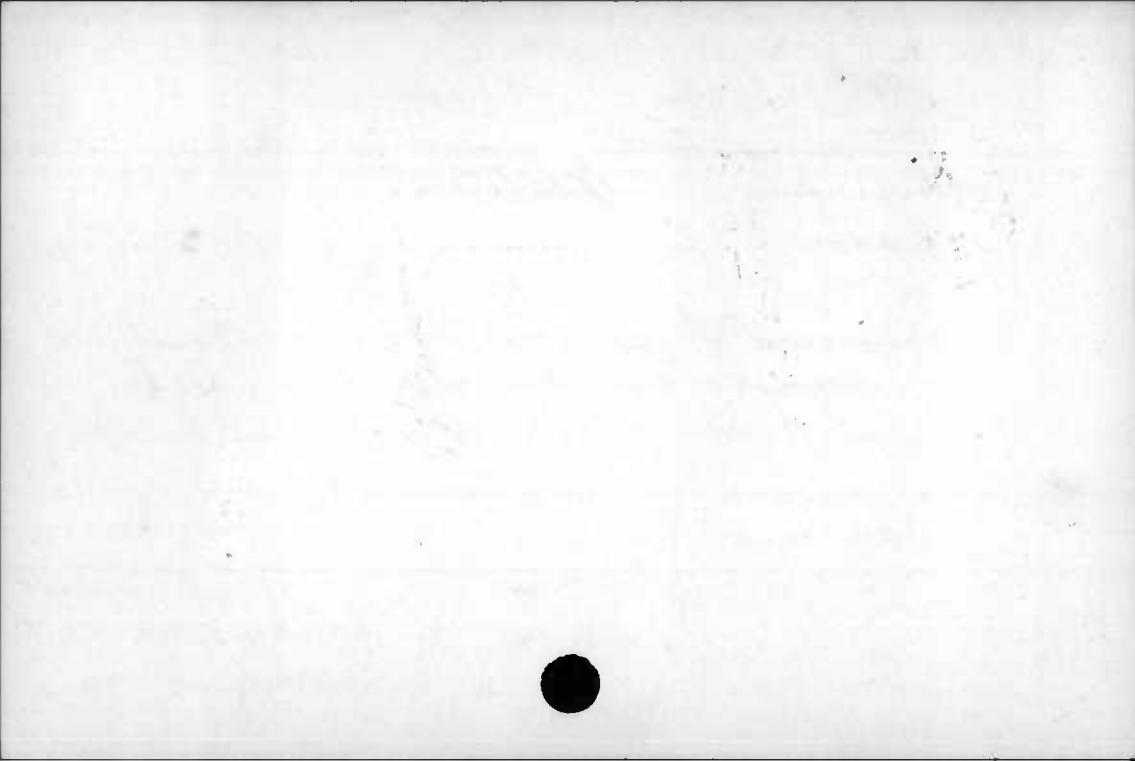
| | | | | | |
|-----------------------------------|------------------|-------------------------|---|---------------------|---------------|
| Died at ^{Town} Woodlawn | | ^{County} Cecil | | MARYLAND | |
| Date of death | 1907 | Month Aug. | Day 24 | Age | Years 2 |
| Sex | Female | Color or Race | White | Birth-place | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | — | | Name of Wife or Husband | | |
| Father's Name | Randolph Jackson | | | Father's Birthplace | Perryville Md |
| Mother's Maiden Name | Lena Hornbarger | | | Mother's Birthplace | Perryville Md |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

| | | | |
|--|------------|------------------------|--------|
| Primary | Meningitis | How long | 4 days |
| Immediate | Exhaustion | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | Address | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Emma D. Jervis Dist. *3^d*

Town *Pleasant Hill* County *Leecre* MARYLAND

Died at *Pleasant Hill*

Date of death *1907* Month *May* Day *19th* Age *unknown* Years Months Days

Sex *Female* Color or Race *White* Birth-place *unknown*

Occupation *Housewife* Where Residing if not at place of death *Pleasant Hill*

Married, Single or Widowed *Married* Name of Wife or Husband *Frank Jervis*

Father's Name *James T. Michs* Father's Birthplace *Kent Co*

Mother's Maiden Name *Fanner Richard* Mother's Birthplace *Del*

Name of person giving information *James T. Michs* How related to deceased *Brother*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *General debility* How long *Ten years*

Immediate *Paralysis* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. S. Gifford*

Address *Grove Md*

Accident or Suicide?

183



Name
in
Full

David Craig Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

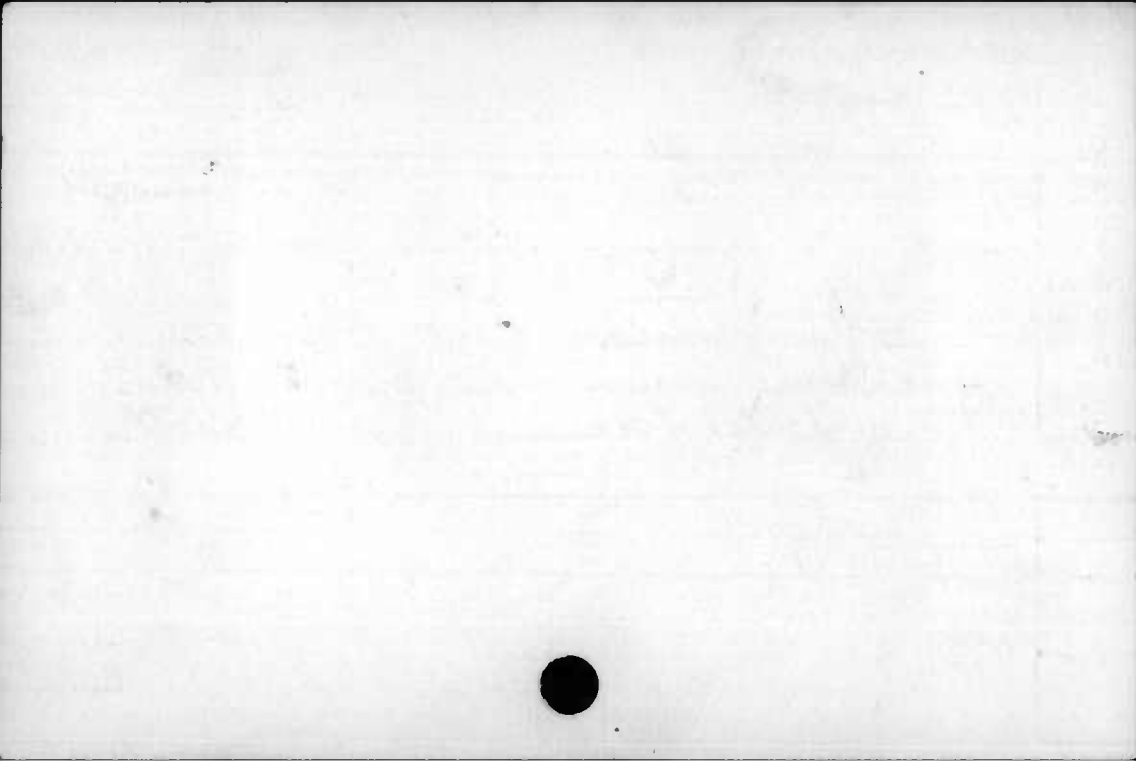
| | | | | | |
|--|--|------------------------------------|------------------------------------|-------------------------------|-----------------------------|
| Died at <i>Burgville</i> <small>Town</small> | | <i>Cecil</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1907</i> | <i>aug</i> <small>Month</small> | <i>30</i> <small>Day</small> | Age <i>26</i> <small>Years</small> | <i></i> <small>Months</small> | <i></i> <small>Days</small> |
| Sex <i>male</i> | Color or Race <i>white</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>Car Inspector</i> | Where Residing if not at place of death <i>Burgville, Md</i> | | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Mary A. Jones</i> | | | | |
| Father's Name <i>William Jones</i> | Father's Birthplace <i>Maryland</i> | | | | |
| Mother's Maiden Name <i>Susan Vannort Jones</i> | Mother's Birthplace <i>Maryland</i> | | | | |
| Name of person giving information <i>Mary A. Jones</i> | How related to deceased <i>wife</i> | | | | |

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Killed by engine on the</i> | How long <i></i> |
| Immediate <i>P. B. & N. Rail Road</i> | How long <i></i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Rickerts Nelson</i> |
| | Address <i>Coroner of Cecil Co</i> |
| Accident or Suicide? <i>Accident</i> | <i>Elkton, Md</i> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

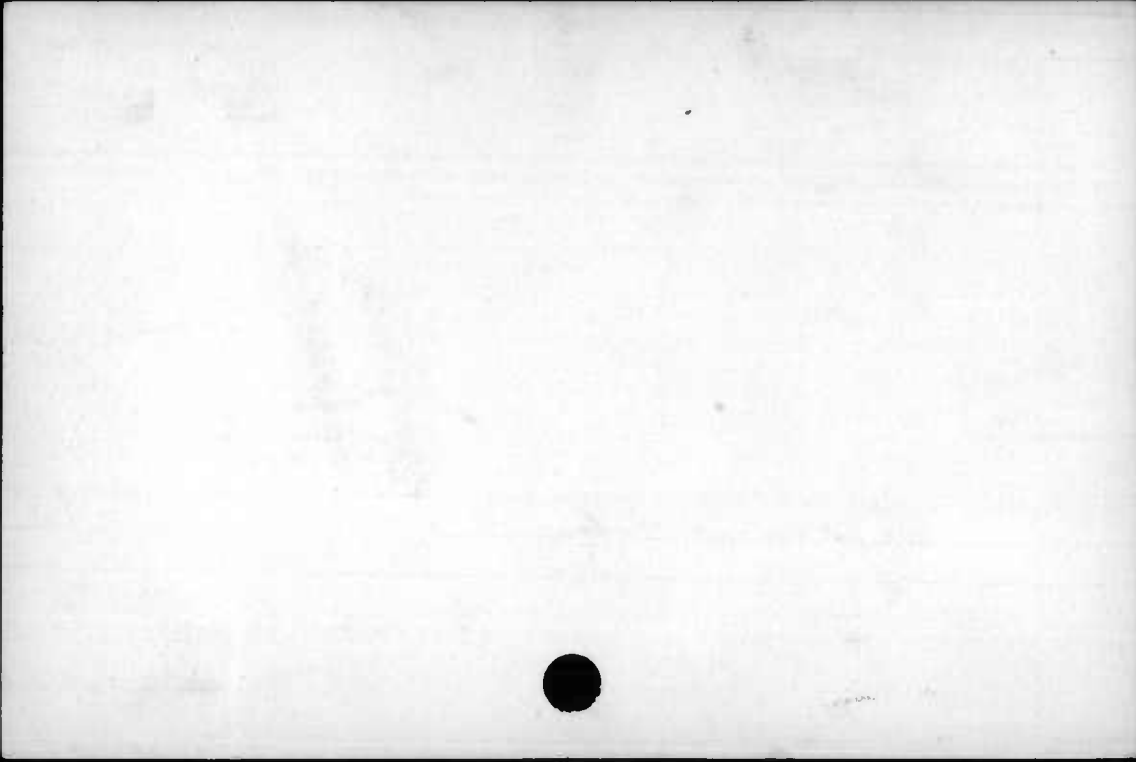
| | | | | | | | |
|--|--|---------------------------|--|---|--|----------------------------------|--|
| Name in Full <i>Myrtle Kreider</i> | | Town <i>Perryville</i> | | County <i>Cecil</i> | | MARYLAND | |
| Died at <i>Perryville</i> | | Month <i>Aug</i> | | Day <i>30</i> | | Age <i>8</i> | |
| Date of death <i>1907</i> | | Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>Perryville</i> | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband <input checked="" type="checkbox"/> | | | |
| Father's Name <i>John Kreider</i> | | | | Father's Birthplace <i>Pa</i> | | | |
| Mother's Maiden Name <i>Sallie Smith</i> | | | | Mother's Birthplace <i>Kid</i> | | | |
| Name of person giving information <i>Sallie Kreider</i> | | | | How related to deceased <i>brother</i> | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Enteric Colitis</i> | How long <i>two weeks</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Wm. M. Stearns</i> <i>Perryville Cecil Co</i> |
| Accident or Suicide? | <i>Wd</i> |



Name
in
Full

Samuel Lloyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

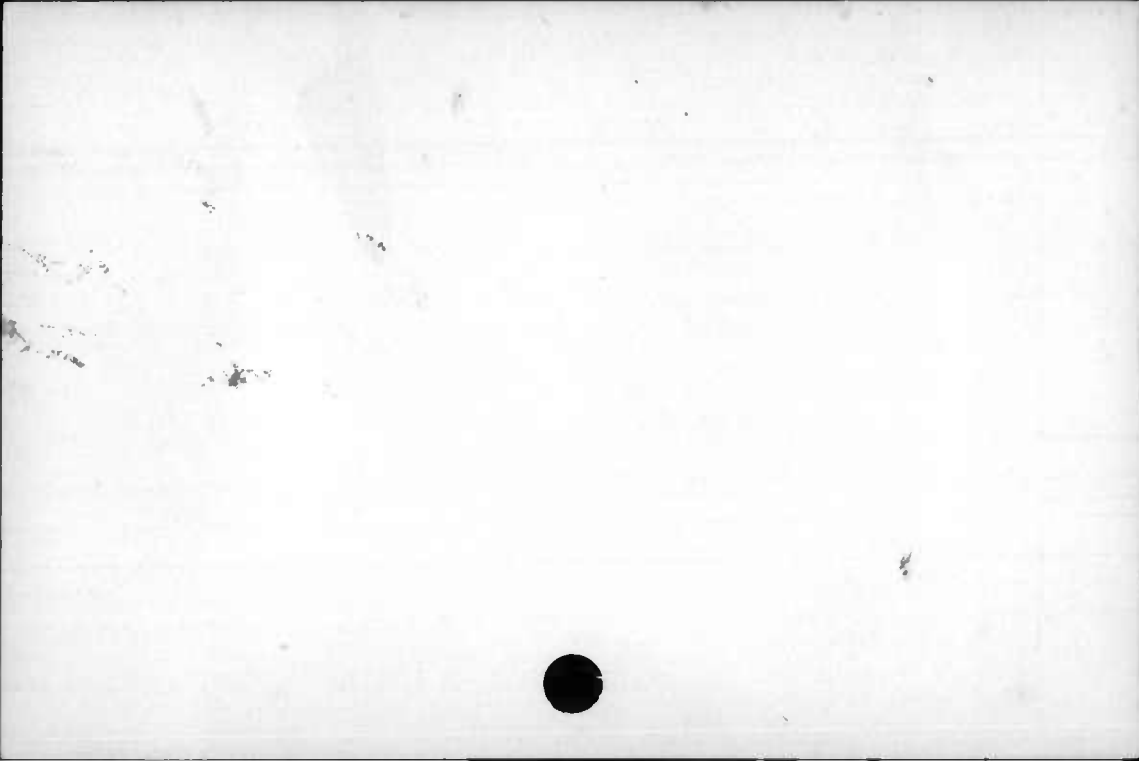
| | | | | | | | |
|---|--|-------------------|-----------------------------|--------|-----------------|---------------|--|
| Died at <i>Chesapeake City</i> | | Town <i>Cecil</i> | | County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>8</i> | Day <i>19</i> | Age <i>60</i> | Years | Months <i>5</i> | Days <i>3</i> | |
| Sex <i>male</i> | Color or Race <i>White</i> | | Birth-place <i>Delaware</i> | | | | |
| Occupation <i>Laborer</i> | Where Residing if not at place of death <i>Chesapeake City</i> | | | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Mary Lloyd</i> | | | | | | |
| Father's Name <i>John Lloyd</i> | Father's Birthplace <i>don't know</i> | | | | | | |
| Mother's Maiden Name <i>Aunt M Pennington</i> | Mother's Birthplace <i>Mayland</i> | | | | | | |
| Name of person giving information <i>Aunt Lloyd</i> | How related to deceased <i>mother</i> | | | | | | |

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Diabetes Mell</i> | How long <i>5 years</i> |
| Immediate <i>exhaustion</i> | How long <i>x</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W C Karsner M D</i> |
| | Address <i>Chesapeake City Md</i> |
| Accident or Suicide? | |



Name
in
Full

Charlotte Lotman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *New Elston* ^{Town} *Bevil* ^{County}

MARYLAND

Date of death *1907* ^{Month} *Aug* ^{Day} *29* ^{Years} *80* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *Ind*

Married, Single or Widowed *Single* Name of Wife or Husband *Ind*

Father's Name *Levi Lotman* Father's Birthplace *Ind*

Mother's Maiden Name *No Information* Mother's Birthplace *Ind*

Name of person giving information *Mrs H. Crawford* How related to deceased *none*

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *10 days*

Immediate *Exhaustion* How long *2 or 3 days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Howard Brutton*

Address *Elston, Ind.*

Accident or Suicide? ☒

Urengi

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

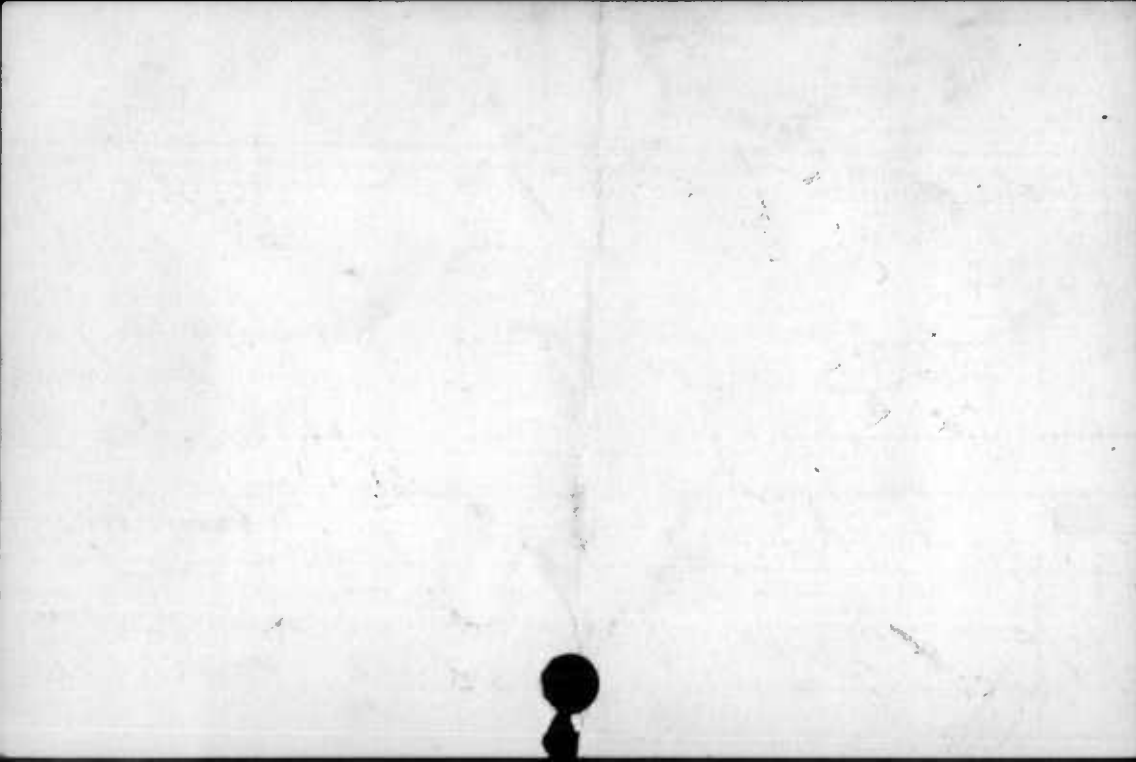
| | | | | | |
|--|---|--------------------------------|--|---------------|-----------------|
| Died at <i>Port Deposit</i> | | County <i>Cecil</i> | | MARYLAND | |
| Date of death | 1907 | Month <i>Aug</i> | Day <i>20</i> | Age <i>14</i> | Years <i>14</i> |
| Sex <i>Male</i> | Color or Race <i>Black</i> | Birthplace <i>Cecil Co. Md</i> | | Months | Days |
| Occupation <i>Laborer</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband | | | | |
| Father's Name <i>William McMullen</i> | Father's Birthplace <i>Cecil Co.</i> | | Mother's Birthplace <i>" "</i> | | |
| Mother's Maiden Name <i>Clara Warfield</i> | How related to deceased <i>Father</i> | | Name of person giving information <i>Wm McMullen</i> | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Acute Phthisis</i> | How long <i>Don't know</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. E. Clum</i> |
| | Address <i>Port Deposit</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

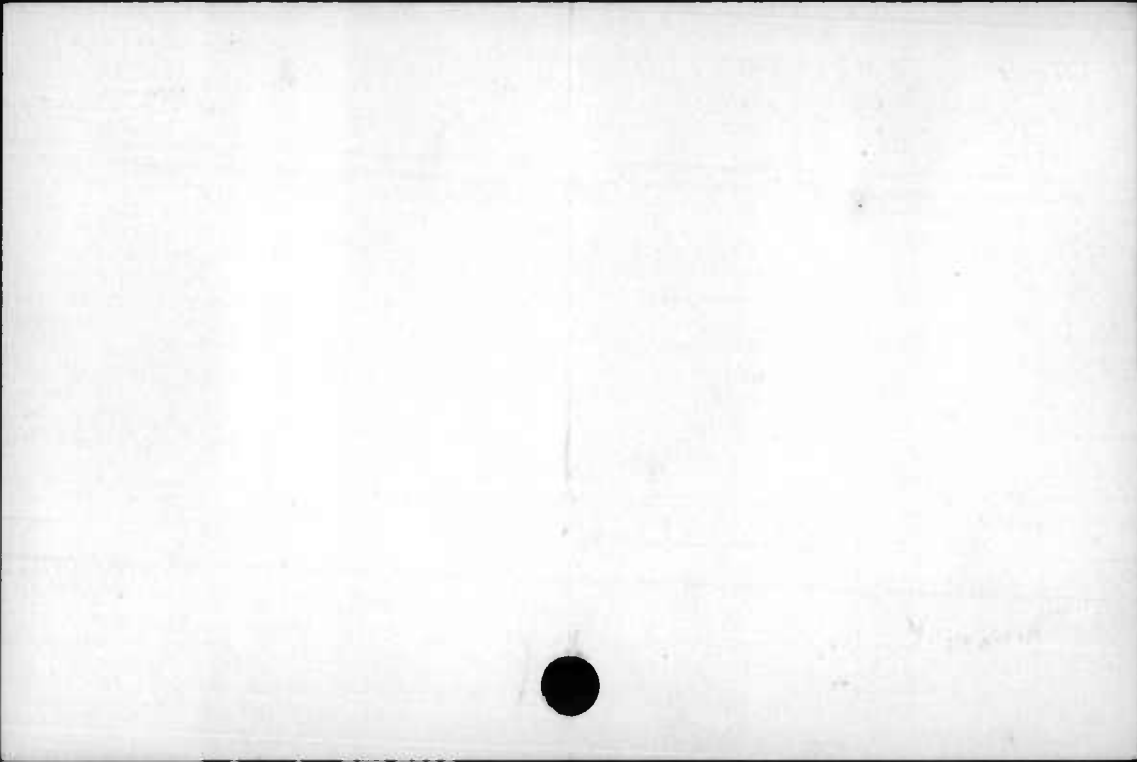
| | | | | | |
|---|-------------------------------|---|---|------------------|---------------------|
| Died at <i>Liberty Grove</i> ^{Town} | | <i>Cecil</i> ^{County} | | MARYLAND | |
| Date of death | <i>1907</i> | Month <i>8</i> | Day <i>18</i> | Age <i>15</i> | Months <i>15</i> |
| Sex <i>Male</i> | Color or Race <i>white</i> | | Birth-place <i>Liberty Grove</i> | | |
| Occupation <i>_____</i> | | | Where Residing if not at place of death <i>_____</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>_____</i> | | | |
| Father's Name <i>John T. Montgomery</i> | | | Father's Birthplace <i>Cecil Co</i> | | |
| Mother's Maiden Name <i>Anna M. Montgomery</i> | | | Mother's Birthplace <i>Lincolnton Co. Pa</i> | | |
| Name of person giving information <i>Wm. B. Montgomery</i> | | | How related to deceased <i>Brother</i> | | |

CAUSES OF DEATH

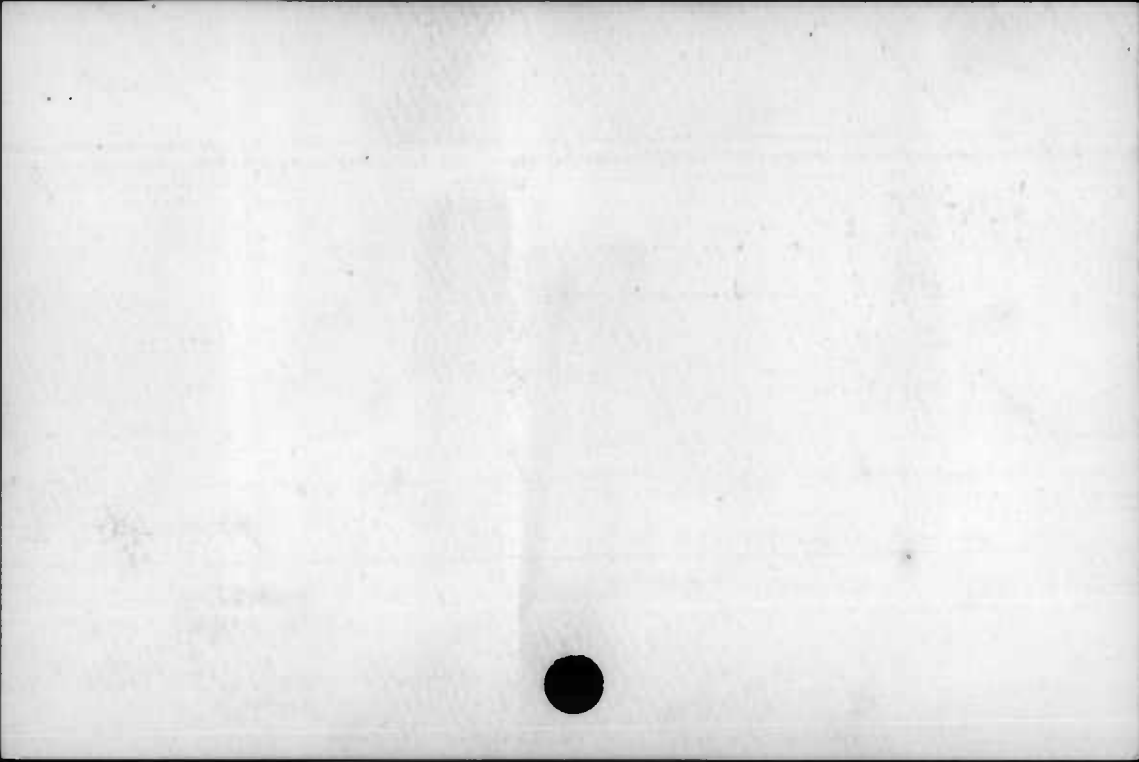
105

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Acute Enterocolitis</i> | How long <i>10 days</i> |
| Immediate <i>Exhaustion</i> | How long <i>_____</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Ernest Rowland</i> |
| | Address <i>Liberty Grove Md.</i> |
| Accident or Suicide? <i>_____</i> | |



| Name in Full | | Certificate of Death | | | |
|-------------------------------------|--|--|--|---|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Near Cecilton</i> | | Cecil | |
| | | Date of death 1907 | | Age | |
| | | Month 8 | | Years 17 | |
| | | Sex Male | | Color or Race Black | |
| | | Occupation | | Where Residing if not at place of death | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name | | James E. Moore | | Father's Birthplace | |
| Mother's Maiden Name | | Mary Johnson | | Mother's Birthplace | |
| Name of person giving information | | James E. Moore | | How related to deceased | |
| | | | | Father | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary | | How long | |
| | | Tuberculosis | | From Birth | |
| | | Immediate | | How long | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | Address | | Cecilton, Md | |
| Accident or Suicide? | | | | | |



Name
in
Full

Evelyn C Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

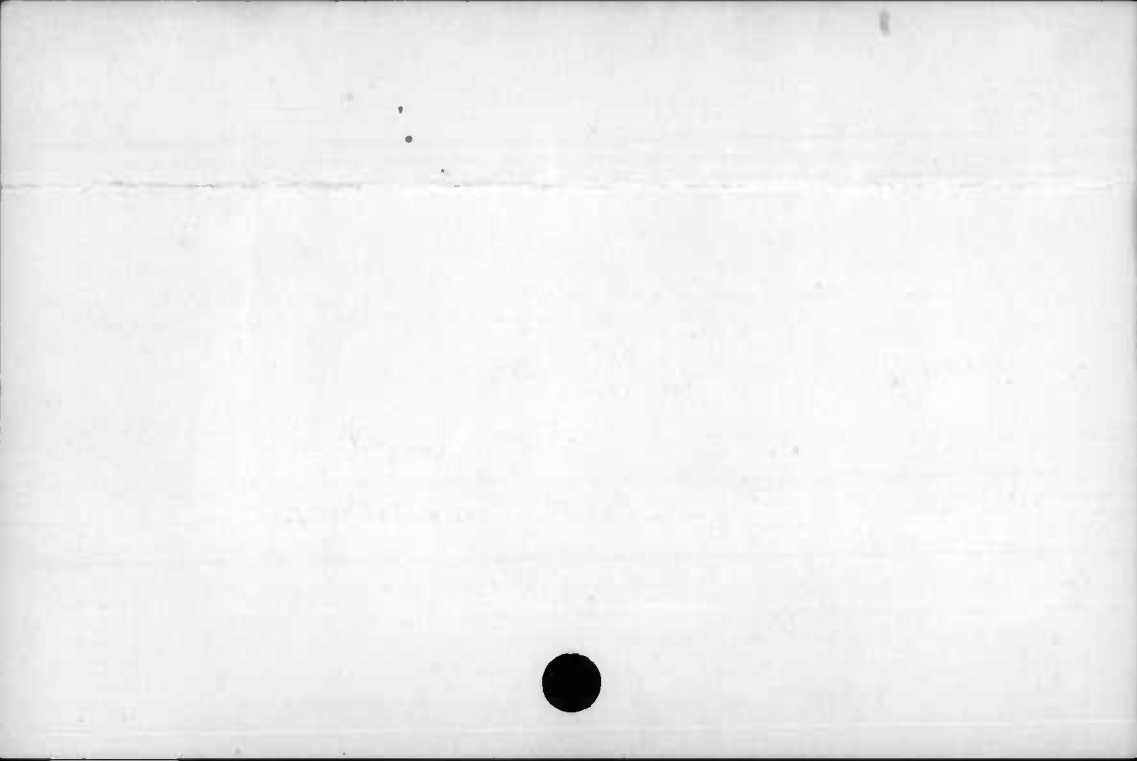
| | | | | | | | | |
|--|----------------------------|------------------|---------------------|--|----------------|-----------------|------|--|
| Died at <i>Greenbush</i> Town | | | <i>Cecil</i> County | | | MARYLAND | | |
| Date of death | <i>1907</i> | Month <i>Aug</i> | Day <i>29</i> | Age <i>2</i> | Years <i>2</i> | Months <i>9</i> | Days | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | | Birth-place <i>Greenbush</i> | | | | |
| Occupation <i>—</i> | | | | Where Residing if not at place of death <i>"</i> | | | | |
| Married, Single or Widowed <i>—</i> | | | | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>Mearns Moore</i> | | | | Father's Birthplace <i>Cecil Co</i> | | | | |
| Mother's Maiden Name <i>Mary Summers</i> | | | | Mother's Birthplace <i>" "</i> | | | | |
| Name of person giving information <i>Sarah Summers</i> | | | | How related to deceased <i>Grandmother</i> | | | | |

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Dysentery</i> | How long <i>10 days</i> |
| Immediate <i>"</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. H. Richardson</i> |
| | Address <i>Columbia Md</i> |
| Accident or Suicide? | |



Name
in
Full

Wallen L. Penick

CERTIFICATE OF DEATH

MARYLAND

Died at *N. E.* Town

County

Cecil

Date

of death

1907

Month

Aug

Day

10

Age

20

Month

11

Days

10

Sex

*Male*Color or
Race*White*Birth-
place*Pris*

Occupation

*Student*Where Residing if not
at place of death*Pris*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Fred M. Penick*Father's
Birthplace*Pris*Mother's
Maiden Name*Annie Penick*Mother's
Birthplace*New Ark Md*Name of person giving
information*Fred S. Penick*How related
to deceased*Brother*

CAUSES OF DEATH

50

Primary

Diabetes

How long

Immediate

How long

*One year*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

D. Penick
N. E.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

June

Name
in
Full

Bernard Randall

CERTIFICATE OF DEATH

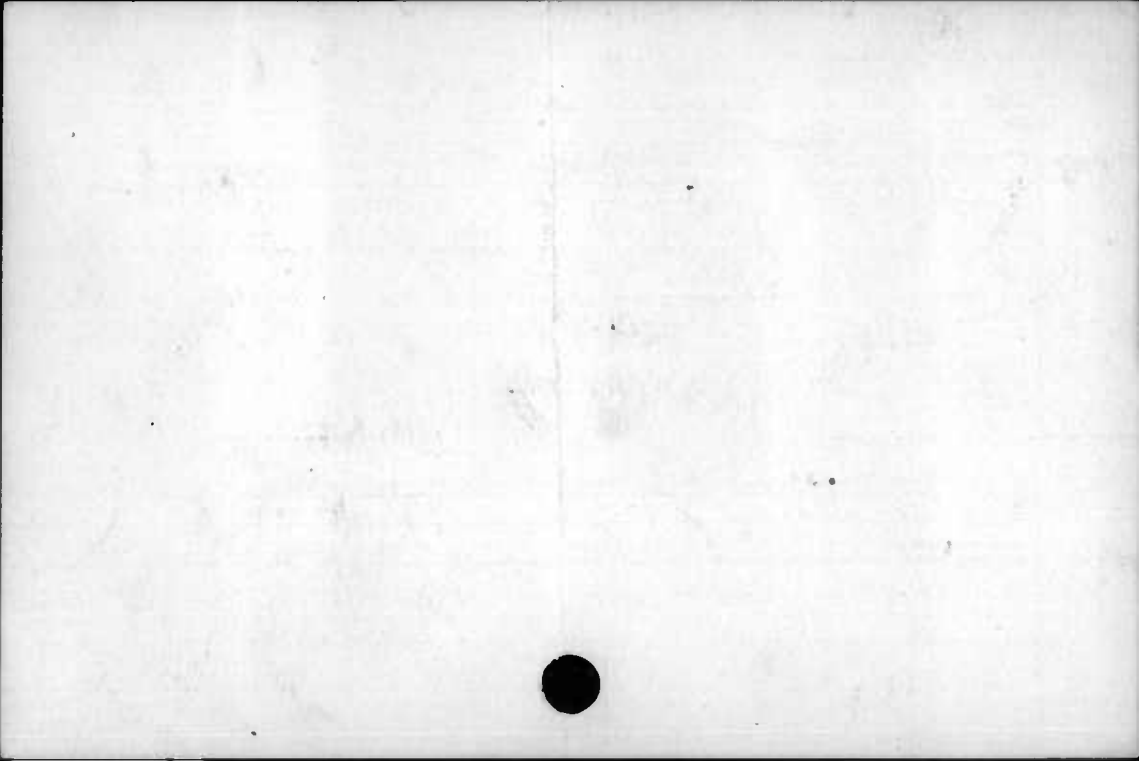
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|---|--|--|--|
| Died at Port Deposit <small>Town</small> | | Cecil Co <small>County</small> | | MARYLAND | |
| Date of death 1907 <small>Year</small> | | Aug <small>Month</small> | | 28 <small>Day</small> | |
| Age 9 <small>Years</small> | | month <small>Months</small> | | <small>Days</small> | |
| Sex mail | | Color or Race Colored | | Birth-place Holmesburg <small>Perry Pk.</small> | |
| Occupation | | Where Residing if not at place of death Holmesburg | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband | | | |
| Father's Name Leopold Randall | | Father's Birthplace Calvert Co Md | | | |
| Mother's Maiden Name Bruceella Scott | | Mother's Birthplace Port Deposit | | | |
| Name of person giving information Bruceella Randall | | How related to deceased Mother | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|-------------------------------|----------------------------|
| Primary morasmus | | (151) | How long Two months |
| Immediate asthemia | | | How long |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician | |
| | | Address W.A. Funk M.D. | |
| | | Port Deposit Md | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

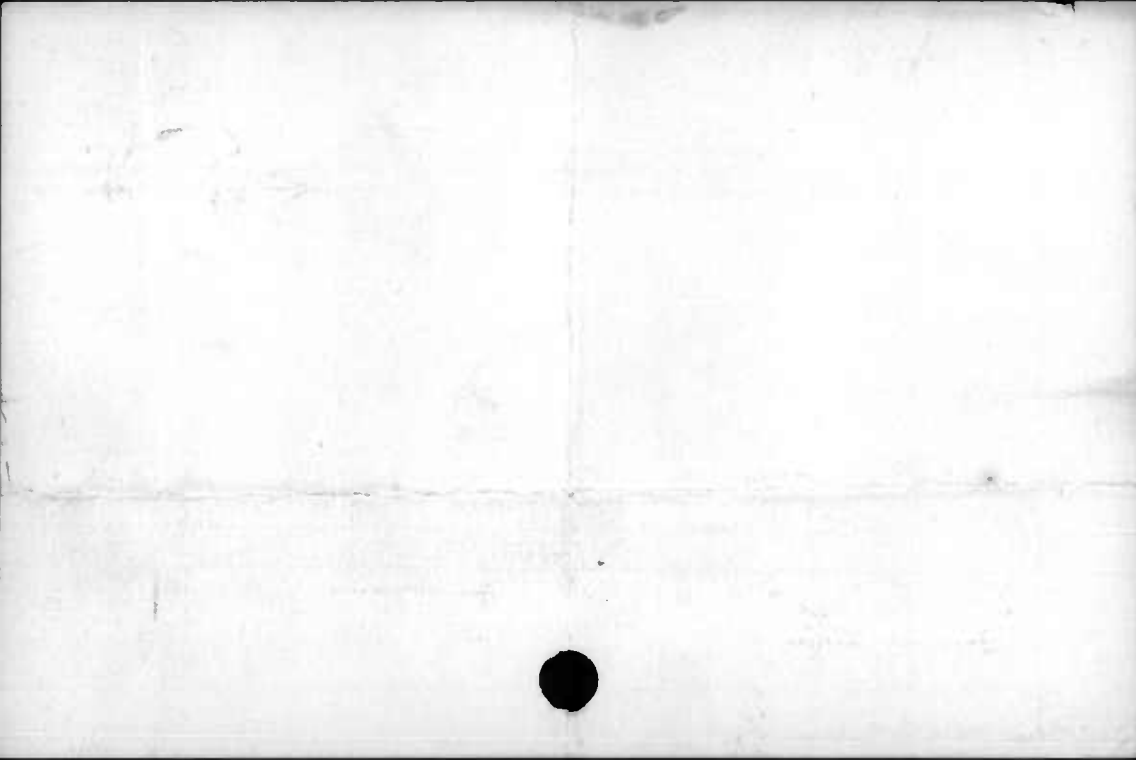
| | | | | | | | |
|---|--|--|--|---|--|----------------|--|
| Died at <i>near Calvert</i> | | Town <i>Calvert</i> | | County <i>Cecil</i> | | MARYLAND | |
| Date of death <i>1907 Aug.</i> | | Month <i>21</i> | | Day <i>65</i> | | Years <i>6</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | Days <i>1</i> | |
| Occupation <i></i> | | | | Where Residing if not at place of death <i></i> | | | |
| Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>John P. Shure</i> | | | | | |
| Father's Name <i>John Montgomery</i> | | Father's Birthplace <i></i> | | | | | |
| Mother's Maiden Name <i>Catharine McCallough</i> | | Mother's Birthplace <i></i> | | | | | |
| Name of person giving information <i>W. J. Lorraine</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Septicemia</i> | How long <i>3 weeks</i> |
| Immediate <i>Ethanol</i> | How long <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>D. L. Lorraine</i> |
| <i>Yes</i> | Address <i>3rd Ma</i> |
| Accident or Suicide? | |



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|--|--|--|--|---|--|---------------------|--|-----------------|--|
| Died at <i>Cherry Hill</i> | | Town <i>Cherry Hill</i> | | County <i>Cecil</i> | | 3 ^d dist | | MARYLAND | |
| Date of death <i>1907</i> | | Month <i>Aug</i> | | Day <i>18</i> | | Age <i>71</i> | | Months <i>4</i> | |
| Sex <i>Male</i> | | Color <i>white</i> | | Birth-place <i>Maryland</i> | | | | | |
| Occupation <i>Carpenter</i> | | | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Alice Cole Snippers</i> | | | | | | | |
| Father's Name <i>John E. Snippers</i> | | | | Father's Birthplace <i>Maryland</i> | | | | | |
| Mother's Maiden Name <i>Ann McCauley</i> | | | | Mother's Birthplace <i>Maryland</i> | | | | | |
| Name of person giving information <i>Sarah M. Snippers</i> | | | | How related to deceased <i>Sister</i> | | | | | |

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|---|----------------|
| Primary | <i>Paralysis</i> | How long | <i>3 years</i> |
| Immediate | <i>Apoplexy</i> | How long | <i>4 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>C. J. Canine MD</i> | |
| | | Address <i>Cherry Hill, Md.</i> | |
| Accident or Suicide? | | | |

431

Name
in
Full

Thomas H Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

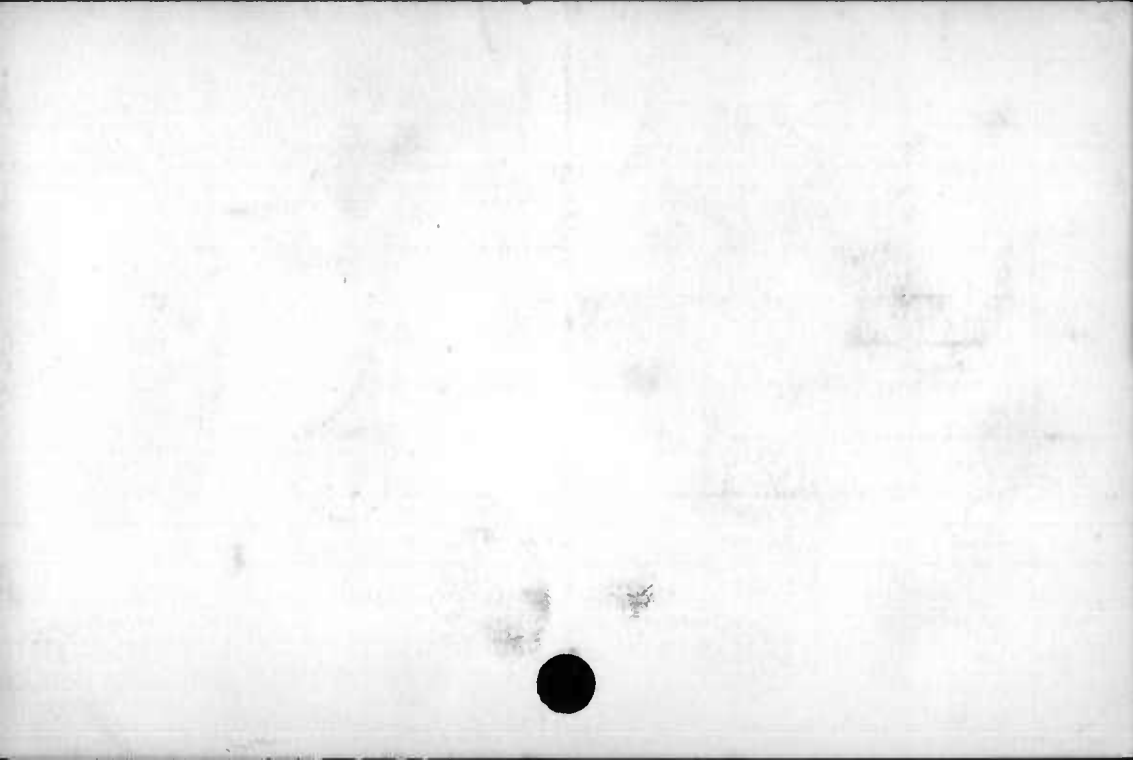
| | | | | | |
|--|---|---------------------|------------------------------------|----------|------|
| Died at <i>Liberty Grove</i> Town | | <i>Cecil</i> County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>Aug</i> | Day <i>2</i> | Age <i>76</i> Years | Months | Days |
| Sex <i>Male</i> | Color or Race <i>white</i> | | Birth-place <i>Cecil Co Ma</i> | | |
| Occupation <i>Rolling Mill Hand, Retired</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>widower</i> | Name of Wife or Husband <i>Rebecca Smith</i> | | | | |
| Father's Name <i>John Smith</i> | Father's Birthplace <i>Cecil Co Ma</i> | | Mother's Birthplace <i>Unknown</i> | | |
| Mother's Maiden Name <i>not kn</i> | Name of person giving information <i>Robert H Smith</i> | | How related to deceased <i>son</i> | | |

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Chronic Paralysis</i> | How long <i>4 year's</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>E S Rowland</i> |
| | Address <i>Liberty Grove Md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|---------------------|-----------|---|-----|--|-----------|
| Died at | | Elk Mills | | County | | MARYLAND | |
| Date of death | | 1907 | Month Aug | Day 9 | Age | Years 11 | Months 10 |
| Sex | | Male | | Color or Race white | | Birth-place Md | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Widow | | Name of Wife or Husband | | | |
| Father's Name | | John R Stockstill | | | | Father's Birthplace Del. | |
| Mother's Maiden Name | | Levinia Grace Moore | | | | Mother's Birthplace Md. | |
| Name of person giving information | | Near Rebecca Moore | | | | How related to deceased Grand daughter | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | | | |
|--|---------------|--------------------|---------|
| Primary | Enterocolitis | How long | 5 days |
| Immediate | Meningitis | How long | 24 hrs. |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | C. P. Carrico M.D. | |
| Address | | Cherry Hill Md | |
| Accident or Suicide? | | | |

28 /



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|----------------------------|--|-----------------------------------|-----------------|
| Died at <i>Fair Hill</i> Town | | <i>Cecil</i> County | | MARYLAND | |
| Date of death <i>1907 Aug</i> | | Month | Day <i>22</i> | Age <i>23</i> | Years <i>23</i> |
| Sex <i>Female</i> | | Color or Race <i>Black</i> | | Birth-place <i>Chester Co. Pa</i> | |
| Occupation <i></i> | | | Where Residing if not at place of death <i>Fair Hill</i> | | |
| Married, Single or Widowed <i></i> | | | Name of Wife or Husband <i></i> | | |
| Father's Name <i>Arthur Chesley</i> | | | Father's Birthplace <i>Cecil Co. Md</i> | | |
| Mother's Maiden Name <i>Bertie A. Tyler</i> | | | Mother's Birthplace <i>Virginia</i> | | |
| Name of person giving information <i>Arthur Chesley</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

| | | | |
|---|------------------------------|--|----------------|
| Primary | <i>Abscess of ear</i> | How long | <i>10 days</i> |
| Immediate | <i>Infectious Meningitis</i> | How long | <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>L. B. Hest</i> | |
| | | Address <i>Kimbleville Pa</i> | |
| Accident or Suicide? | | | |

Intermed Cedar Hill

Name
in
Full

Nellie Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|-----------------------------------|-------------------------|--------------------|---|---------------------|-------------------|
| Died at <u>Cotton</u> Town | | <u>Beck</u> County | | | |
| Date of death | <u>1907</u> Month | <u>Aug</u> Day | Age | <u>—</u> Years | <u>3</u> Months |
| Sex | <u>Female</u> | Color of Race | <u>Colored</u> | Birth-place | <u>—</u> |
| Occupation | <u>—</u> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <u>—</u> | | Name of Wife or Husband | | |
| Father's Name | <u>Tom. Evans</u> | | | Father's Birthplace | <u>Don't know</u> |
| Mother's Maiden Name | <u>Hannah Young</u> | | | Mother's Birthplace | <u>Don't know</u> |
| Name of person giving information | How related to deceased | | | | |

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

| | | | |
|--|---|----------|----------|
| Primary | <u>Dis - Cerebr</u> | How long | <u>—</u> |
| Immediate | <u>—</u> | How long | <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>E M Vaughan</u> | | |
| | Address <u>Middletown</u> | | |
| Accident or Suicide? | <u>no</u> | | |

